



Home Visitation: Come on In and Take A Closer Look

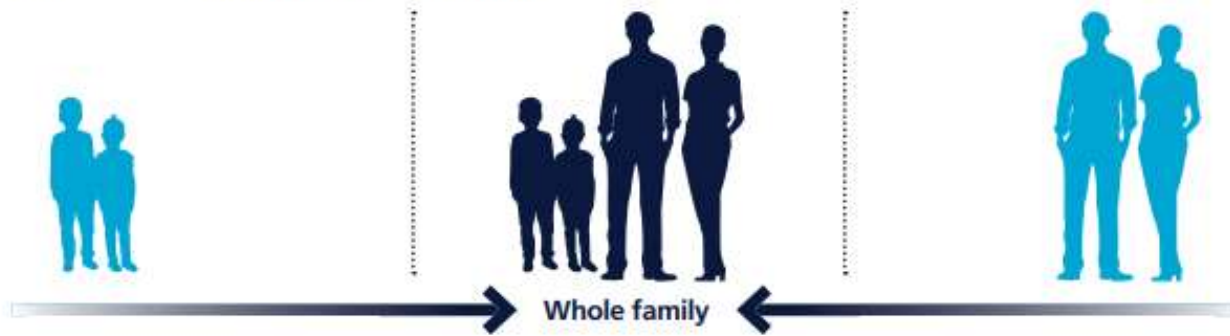
Early Childhood Fellows Program
Wednesday | 09.14.22



Missouri



The Two-Generation Continuum



Children-Focused Programs

- Child Care
- Head Start/Early Head Start
- Preschool
- K-12 and Afterschool Programs

Family Economic Supports

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Community Development Block Grant (CDBG)
- Low-Income Home Energy Assistance Program
- Medicaid
- Transportation
- Housing

Family Services

- Fatherhood Programs
- Healthy Marriage Programs
- Re-entry Programs (post-incarceration)
- Child Support
- Home Visiting

Parent-Focused Programs

- Supplemental Nutrition Assistance Program, Employment and Training (SNAP E&T)
- Temporary Assistance for Needy Families (TANF) Employment Program
- Workforce Innovation and Opportunity Act (WIOA)
- Post-Secondary Education
- Mental Health and Substance Use Treatment
- Fatherhood Programs

Different names, similar approach

- ✓ two-generation
- ✓ Intergenerational
- ✓ multi-generational
- ✓ whole-family strategies



Voluntary



Trained
professionals



Evidence based



Prevention
strategy

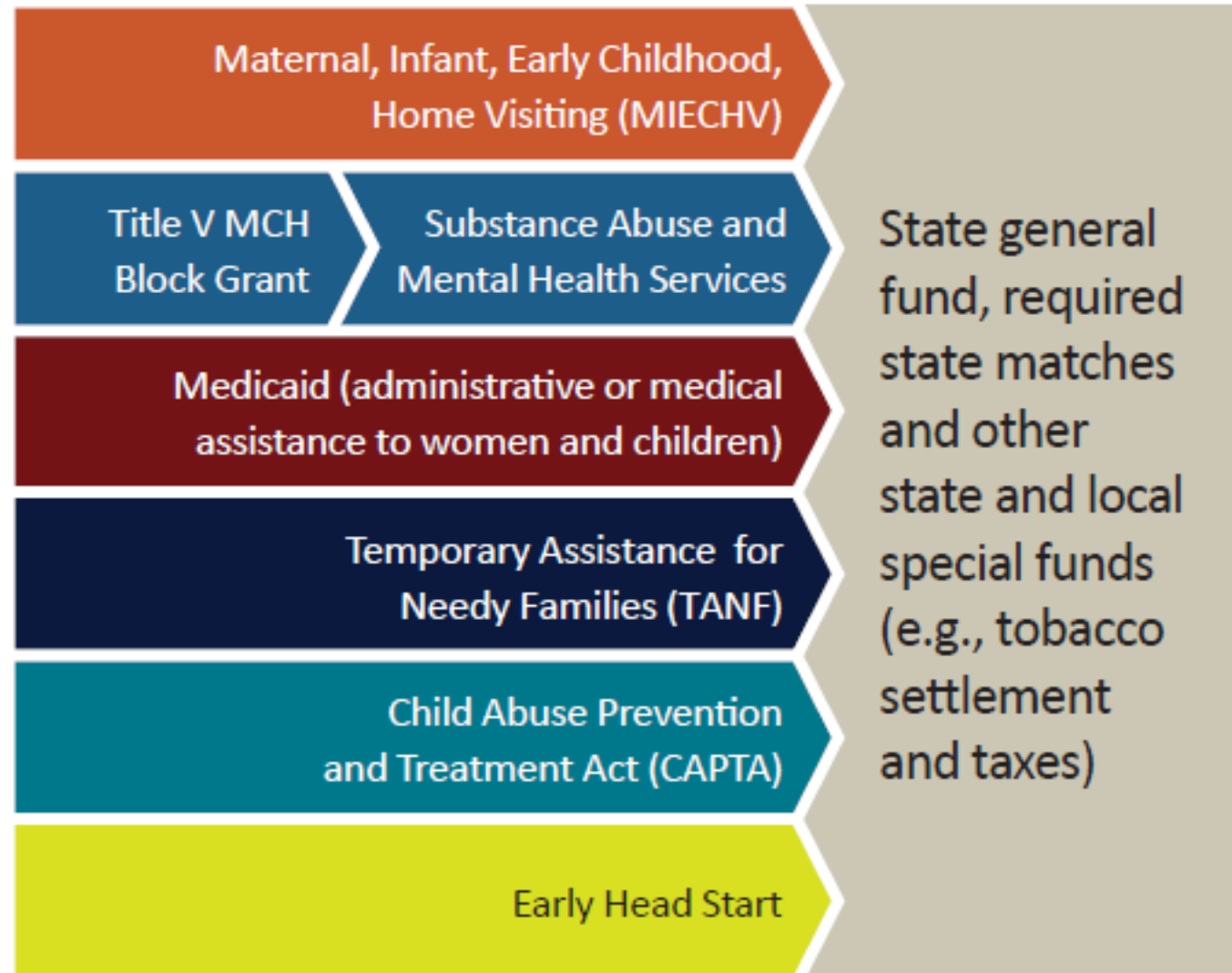
What is home visiting?

Evidence of Model Effectiveness

- Child development and school readiness
- Child health
- Family economic self-sufficiency
- Linkages and referrals
- Maternal health
- Positive parenting practices
- Reduction in child maltreatment
- Reductions in juvenile delinquency, family violence and crime

Model Name	Positive Parenting	Health	Development and School Readiness	Child Maltreatment	Economic Self-Sufficiency	Family Violence and/or Crime	Linkages and Referrals
Attachment and Behavioral Catch-Up (ABC)	•	•	•				
Child First		•	•	•			•
Early Head Start (EHS)	•	•	•	•	•		•
Early Intervention Program for Adolescent Mothers		•			•		
Early Start (New Zealand)	•	•	•	•			
Family Check-Up for Children	•	•	•				
Family Connects	•	•					•
Family Spirit	•	•	•				
Health Access Nurturing Development Services (HANDS)		•		•	•		
Healthy Beginnings	•	•	•				
Healthy Families America (HFA)	•	•	•	•	•	•	•
Home Instruction for Parents of Preschool Youngsters (HIPPI)	•		•				
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	•	•					
Minding the Baby		•					
Nurse-Family Partnership (NFP)	•	•	•	•	•	•	
Parents as Teachers (PAT)	•		•	•	•		
Play and Learning Strategies (PALS)	•		•				
SafeCare	•	•	•	•			•

Funding Streams to Support Home Visiting



Source: Johnson Group



Legislative Trends



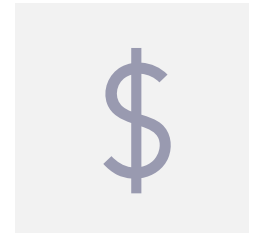
Programs



Targeted vs.
Universal



Studies



Funding

Resources

- **NCSL Resources**
 - [Webpage](#) | Home Visiting: Improving Outcomes for Children
 - [Report](#) | Early Childhood Home Visiting: What Legislators Need to Know
 - [Legislative activity](#) | 2008 – present
- **External Resources**
 - [National Home Visiting Resource Center](#)
 - [Annual Yearbook](#)
 - [Institute for the Advancement of Family Support Professionals](#)



Invest in Kids Experts



Allison Mosqueda, MS, RN
Program Director, Nurse-Family Partnership



Marisa Gullicksrud, MSW, LCSW
Program Director Child First

Invest in Kids is a nonprofit organization that works alongside Colorado communities to adopt, implement, and successfully scale proven programs that have the greatest long-term impact on young children and families experiencing poverty.



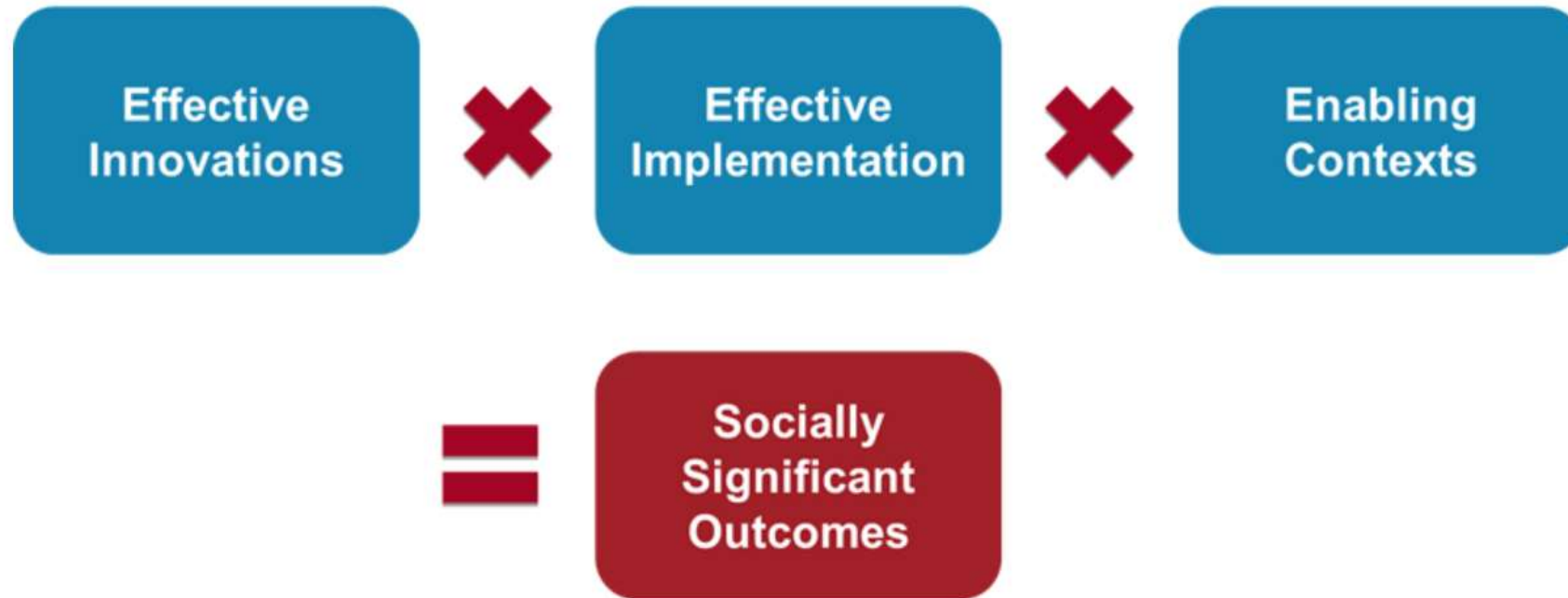
Invest In Kids Approach

- Identify research-based, proven programs with methodologies for success
- Introduce these programs to Colorado communities and constituencies to determine potential for impact
- Implement programs through agency partnership and community collaboration
- Ensure ongoing program success through measurement of results and advocacy for sustainable funding



**INVEST
IN KIDS**[®]

Formula For Success



Fixsen, Blase, Van Dyke
(2012)



**INVEST
IN KIDS**[®]



Nurse-Family
Partnership

Helping First-Time Parents Succeed®

**BETTER WORLDS
START WITH
GREAT
FAMILIES**

AND GREAT FAMILIES START WITH US



GOLD STANDARD RESEARCH



1977
Elmira, NY
400
Low-income white
families
Semi-rural area



1990
Memphis, TN
1,138
Low-income Black
families
Urban area



1994
Denver, CO
735
Large proportion of Hispanics
Nurses and paraprofessionals

HOW IT HAPPENS

- Voluntary enrollment of first-time, low-income mothers
- Long-term program duration
- Delivery by highly-trained, registered nurses.
- Nurses develop close, trusting relationships with the mother and her child.
- Strengths-based





KEY GOALS

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family





317,000+
FAMILIES SERVED

Since replication began in 1996

40
STATES

the U.S. Virgin Islands
and some Tribal communities

5x
\$ RETURN

Every \$1 invested in NFP saves
\$5.70 in future costs for the
highest-risk families served

Funding Sources

- Tobacco Master Settlement \$22,229,325
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) \$2,506,686



Colorado Outcomes

- 31,000+ families served in Colorado since 2000
- 91% of babies were born full-term
- 84% of clients were screened for depression during pregnancy
- 96% (of clients) initiated breastfeeding
- 65% of infants were screened for developmental delays by age 10 months
- 92% of children were fully immunized at age 24 months



Child First® (CF) is an evidence-based, two-generation, home-based mental health intervention that serves young children and their families most impacted by systemic and structural inequities.

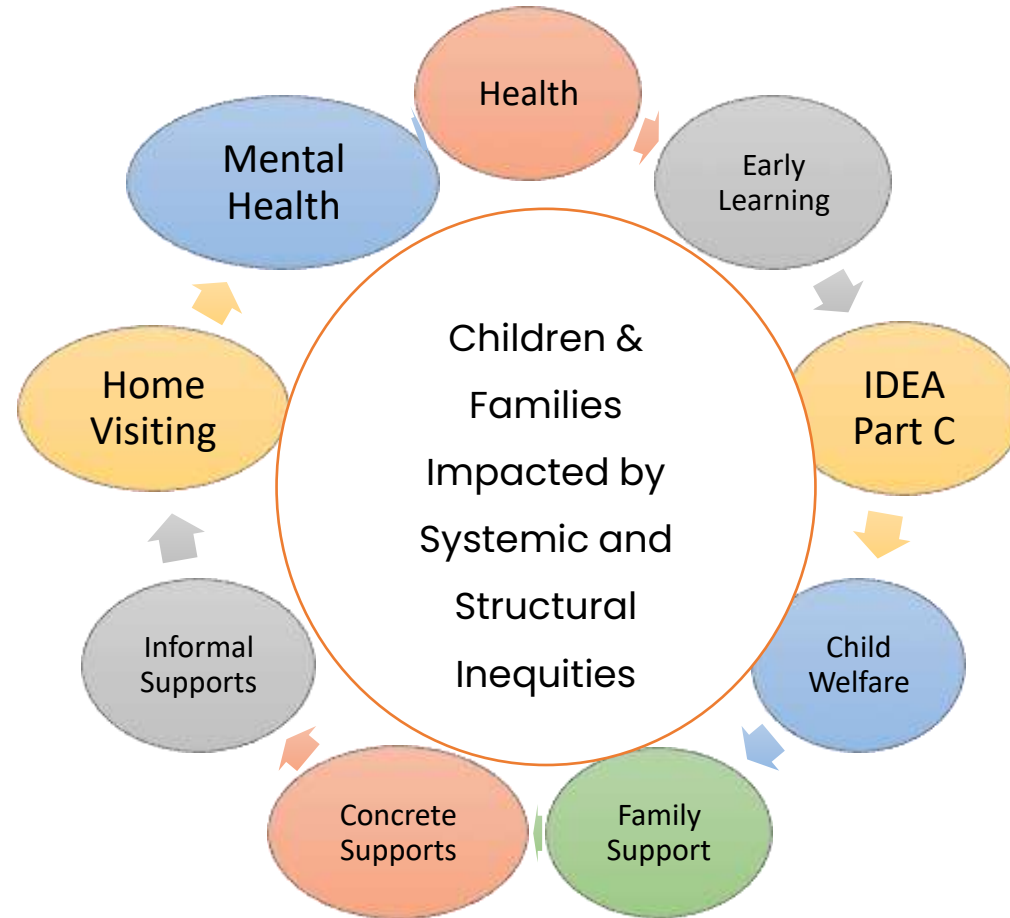
Goals of Child First:

- Promote child and parent emotional health
- Promote child development and learning
- Enhance parent and child executive capacity
- Prevent child abuse and neglect

Invest in Kids adopted Child First in March 2020 to support our partners statewide to help both children and families heal from trauma and further protect them from the impacts of poverty and stress.



Early Childhood System of Care



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Components of Child First

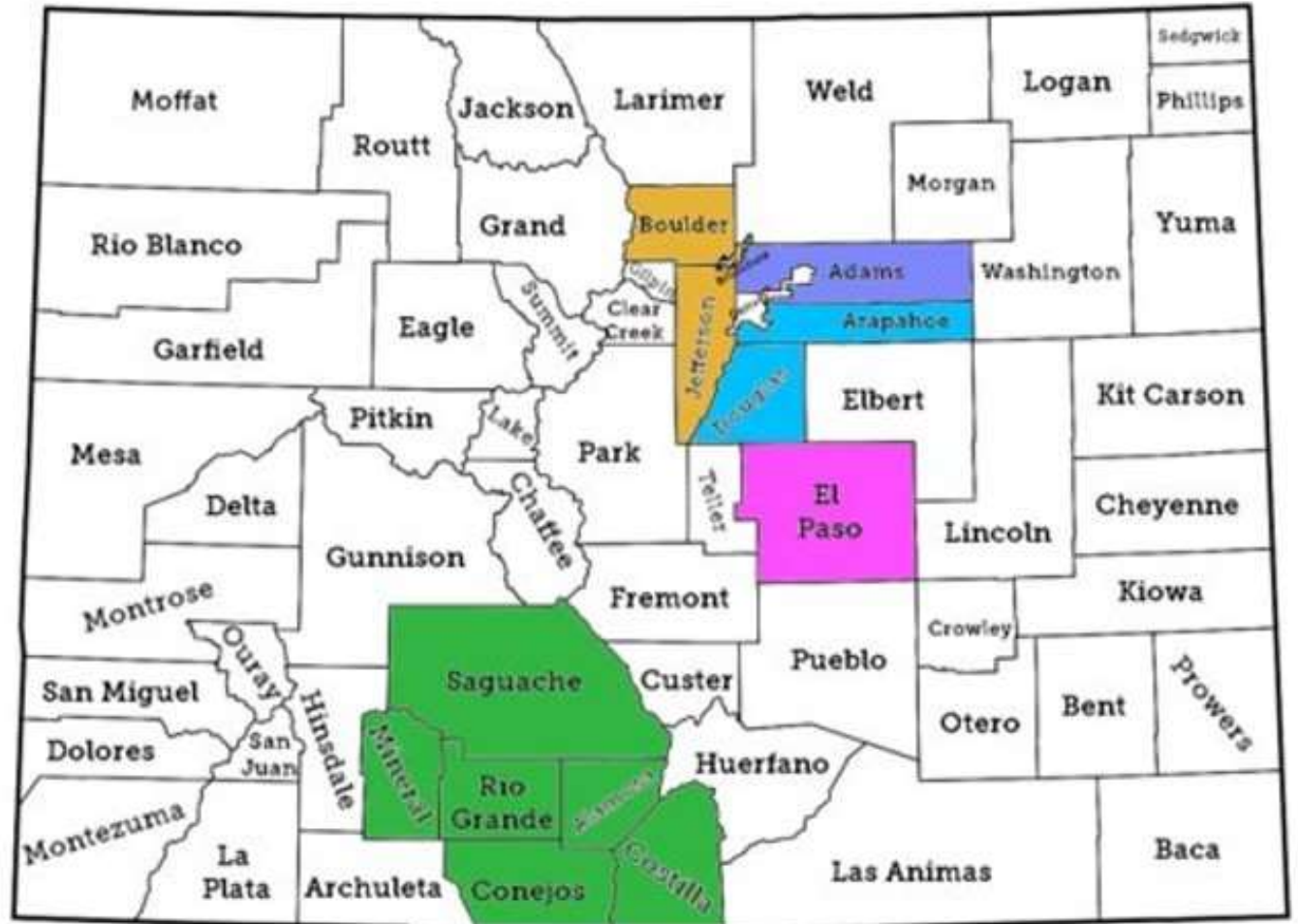
- Screening and referral
- Family engagement – trust and respect
- Family stabilization and care coordination
- Comprehensive assessment of child and family
- Child and Family Plan of Care (Treatment Plan)
- Child-Parent Psychotherapy (2-generation intervention)
- Executive functioning in child and caregivers
- Mental health classroom consultation



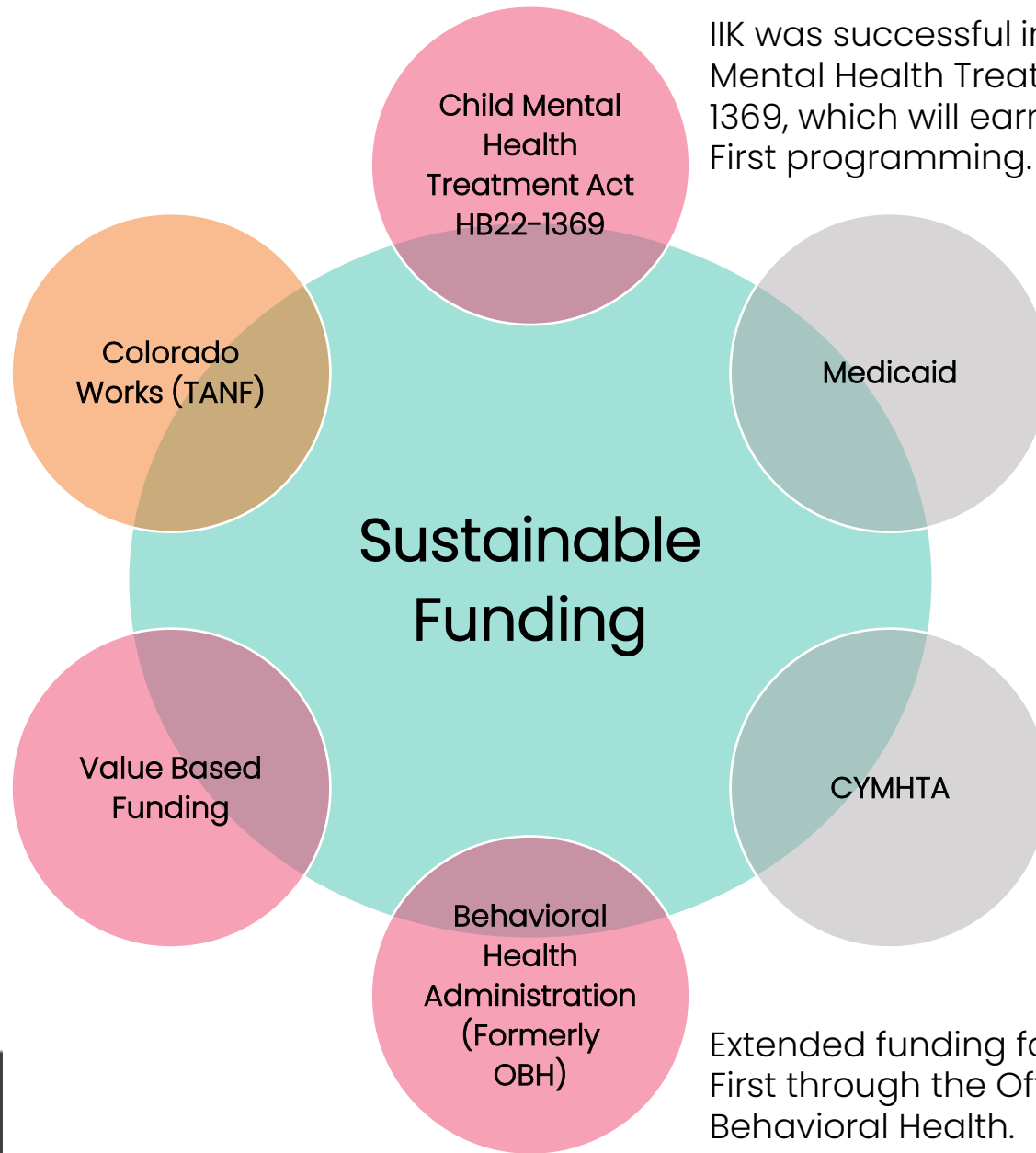
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Child First Network

- Colorado
 - Affiliate Sites: 4
- Connecticut
 - Affiliate Sites: 15
- Florida
 - Affiliate Sites: 3
- North Carolina
 - Affiliate Sites: 4



Colorado Works has a case benefit that families can access through child welfare. When children are TANF eligible, there are funds that can be utilized for services not covered by Medicaid (e.g. travel), an area that can support the sustainability of the intervention.



IIK was successful in passing the Child Mental Health Treatment Act HB22-1369, which will earmark \$2M for Child First programming.

Child First providers currently bill Regional Accountable Entities using fee-for-service codes for reimbursement. These codes only cover 60-70% of the costs of the program.

A benefit typically offered to people with private insurance when private insurance does not have a covered benefit for the mental health needs of a child.

Extended funding for Child First through the Office of Behavioral Health.

Continued exploration of Value Based Payment (VBP) with Health Care Policy and Financing (HCPF) at the state. **Monthly Rate = \$1,853 per month**



Major Impacts Across All Outcomes

Children's mental health: 42% less likely to have externalizing symptoms at 12-month follow-up.

Maternal mental health: 64% less likely to have scores in the clinical range for mental health issues at 12-month follow-up. Significantly lower depressive symptoms at 12-month follow-up.

Language delays: At 12-month follow up, language delays were 68% less likely for children. Among those with baseline language problems, competent language was observed in 80% of children in Child First compared with 36.4% of Usual Care children.

Access to services: The Child First Intervention group had 91% of service needs met at 12-month follow-up, compared with only 33% in Usual Care group (with a large effect size).

Involvement in Child Protective Services: 39% less likely to be involved with protective services during the 12-month follow-up period (parental self-report), and 33% less likely to be involved with protective services (based on child protection records) 3 years later.



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Invest in Kids' Programs for Families

Nurse-Family Partnership (NFP)

Who We Serve:

- **A first-time expectant parent prior to 28 weeks of pregnancy**
- **Parent-to-be who is experiencing low-income (Medicaid or WIC eligible)**
- **An expectant parent who has not had the benefit of a college education (no college degree)**

Child First (CF)

Who We Serve:

- **Children who are aged prenatal up to 6 years old, along with their caregivers**
- **Children who are experiencing social/emotional, behavioral or development/learning challenges, or who are at risk of abuse or neglect**
- **Families with more than one child**
- **Families experiencing a disruption in the parent-child bond, due to challenges such as IPV, homelessness, behavioral or mental health struggles**



Questions

Q & A



Allison Mosqueda, Program Director, NFP
amosqueda@iik.org

Marisa Gullicksrud, Program Director, Child First
mgullicksrud@iik.org

Guided Panel Discussion



That's a Wrap

Time to load the bus for
our site visit to

WARREN  VILLAGE

www.warrenvillage.org

